Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-				
	State: _		Nebraska				
<u>Citation</u> 1902(a)(52 and 1925 o the Act		Families Receiving Extended Medicaid Benefits Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided					
• .		insuranc	a caretaker relative employer's health ce plan).				
	(p)	Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are					
		qual in amount, duration, and scope to rvices provided to categorically needy AFDC cipients as described in					

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State:	Nebras	ka
Citation	3.5	Families (Continu	Receiving Extended Medicaid Benefits ned)
		<u>_</u> 7	Private duty nursing services.
·			Physical therapy and related services.
		<i></i>	Other diagnostic, screening, preventive, and rehabilitation services.
		_7	Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
	•	_7	Intermediate care facility services for the mentally retarded.
		<u> </u>	Inpatient psychiatric services for individuals under age 21.
		\Box	Hospice services.
			Respiratory care services.
		口	Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. MS-91-24
Supersedes Approval Date JAN 2 0 1992 Effective Date NOV 0 1 1991
TN No. MS-90-13

HCFA ID: 7982E

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State:	· 	Nebraska
Citation	3.5 <u>Fam:</u> (Co:	ilies Re ntinued)	eceiving Extended Medicaid Benefits
	(c) <u>/</u> /	fees, for h	agency pays the family's premiums, enrollment deductibles, coinsurance, and similar costs health plans offered by the caretaker's over as payments for medical assistance
•		<u></u>	1st 6 months / 2nd 6 months
	\Box	emplo	gency requires caretakers to enroll in byers' health plans as a condition of bility.
			1st 6 mos.
	(d) <u>/</u> /	fa ex	ne Medicaid agency provides assistance to milies during the second 6-month period of stended Medicaid benefits through the blowing alternative methods:
			Enrollment in the family option of an employer's health plan.
			Enrollment in the family option of a State employee health plan.
			Enrollment in the State health plan for the uninsured.
			Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).
			•
TN No. MS- Supersedes		ate	JAN 2 0 1922 Effective Date 304 0 1 1920
TN No. MS-			HCFA ID: 7982E

Revision:	HCFA-PM-91-	4 (BPD)		OMB No	.: 0938-
	State:		Nebraska		
Citation	3.5 <u>F</u>	amilies Continue	Receiving Exten	ded Medicaid Be	nefits
+ **		descri	ment 2 to ATTAC bes the alterna d, including re ents have acces	tive health car quirements for	e plan(s) assuring that
•	(2)	The ag	gency		
		(i)	Pays all premiu on the family f	ms and enrollme or such plan(s)	ent fees imposed .
		(11)	Pays all deduct the family for	ibles and coins such plan(s).	urance imposed on
					•
			•		
					4:01:-0
TN No. MS	s Approve	al Date	JAN 2 0 1992	Effective Date	NOV 0 1 1991
TN No. MS	-90-13	•			

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